

City of Rochester Building Safety Department

2122 Campus Dr SE, Suite 300 Rochester MN 55904-4744 Phone: (507) 328-2600 Fax: (507) 328-2601 bldgsftymail@rochestermn.gov www.rochestermn.gov

REQUEST FOR MODIFICATION OF EGRESS WINDOW REQUIREMENT

This worksheet is designed to help you request an administrative modification of the egress window requirements. It outlines the information that is required to assess your request for a modification. You may use this form or provide your own letter incorporating the same information. The following information should be included:

Owner of the rental property

Address

City/State/Zip

Contact phone number

Address of the rental property:

Type of unit (i.e. single family dwelling, duplex, apt. building)

Year (approximately) structure was built?

Type of construction (i.e. wood frame, masonry)

Location of Window Size of Window Sill Height

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If it is impractical to change, why? [For example: next to driveway, mastructure, historical structure])	sonry construction, compromise the integrity of the
[For example: I will agree to arrang permit and install a hard-wired smoke	to help compensate for the non-compliant windows e for a licensed electrician to apply for an electrica detector in the bedroom/s. I understand that I canno not a licensed electrician according to R.C.O 34.24 and 6.]
[For example: By installing a hardwing be less likely to be tampered with ar	equivalent level of safety for the occupants? red smoke detector in the bedroom, the detector will ad will provide a more reliable and timely method of e, giving the tenant additional time to navigate the
	ation be supplied within 30 days of receiving you o your right to appeal if you feel this administrative we your correction order.

You may fax, mail, e-mail or deliver your request:

Building Safety Department Attn: Susan LeGare-Gulden 2122 Campus Dr SE Suite 300 Rochester, MN 55904 slegare@rochestermn.gov

Date

Signature